

2013 Summer Day Camps
Medical Information Sheet

Please list any allergies/ health concerns your child may have.

Primary Care Physician _____ Phone _____

Health Care Facility _____ Camper's Birthday _____

Permission to Treat

I hereby give permission to the personnel selected by the camp director to administer first aid for my child. In the event of an emergency, I hereby give permission to release my child to emergency care (i.e. calling 911).

Guardian Signature _____ Date _____

Over-the-Counter Medications

I hereby give permission to administer the following over-the-counter medications to my child when necessary. Dosages will be administered according to directions on the package.

_____ Headache/menstrual cramps ...	Children's Tylenol/Tylenol
_____ Upset stomach	Pepto Bismol
_____ Poison Ivy	Outdoor skin cleanser
_____ Scratches/scrapes	Triple Antibiotic Ointment
_____ Bee stings	Medicine Swabs (sting/bite relief)
_____ Mosquito bites	Hydrocortisone Anti-itch cream
_____ Eye irritation	Thera Tears
_____ Bumps/bruises/muscle strains ...	Cold pack and or Tylenol

Guardian Signature _____ Date _____

I hereby give permission to the Camp Manager to administer the following prescription medication to my child as directed. Medication will have to be approved by the Director or Assistant Director of Recreation. Prescriptions need to be in a prescription bottle.

Guardian Signature _____ Date _____